

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7469</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jennifer</u> <u>W</u> <u>Penoso</u> P.O. Box, Bldg., Room No., if any <u>Room 532</u> Street <u>1776 Eye Street NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>Intl Union of Bricklayers and Allied Craftwork</u> Labor Organization File Number <u>000-034</u> P.O. Box, Building and Room Number, if any <u>Suite 600</u> Street <u>1776 Eye Street NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Director, Financial Management Unit</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-11-05

Date

202 383 3275

Telephone Number

Name of Person Filing Jennifer Penoso

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name BAC International Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye Street NW Suite 600

City Washington

State District of Columbia

ZIP Code + 4 20006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

BAC-International Health Fund contracts with the labor organization for services such as accounting, finance, data processing, meeting planning, human resource management and revenue collections.

## 11.b. Approximate dollar value of such dealing.

\$816,948

## 12.a. Nature of interest held or income received.

Reimbursed business expenses (lodging) related to support of Trustee meetings.

## 12.b. Amount.

\$573

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <b>Jennifer Penoso</b>	File Number U-
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>International Masonry Institute</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>42 East Street</b></p> <p>City <b>Annapolis</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>21041</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>		
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>International Masonry Institute contracts with the labor organization for services such as accounting, finance, data processing, meeting planning, human resource management, staff health plan management and revenue collections.</b></p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>11.b. Approximate dollar value of such dealing.</b></td> <td style="width: 20%; text-align: right;"><b>\$3,834,679</b></td> </tr> </table>	<b>11.b. Approximate dollar value of such dealing.</b>	<b>\$3,834,679</b>
<b>11.b. Approximate dollar value of such dealing.</b>	<b>\$3,834,679</b>		
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Reimbursed business expenses (lodging) related to support for Trustee meetings, Annual meeting and Management Group meetings.</b></p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>12.b. Amount.</b></td> <td style="width: 20%; text-align: right;"><b>\$1,340</b></td> </tr> </table>	<b>12.b. Amount.</b>	<b>\$1,340</b>
<b>12.b. Amount.</b>	<b>\$1,340</b>		

Name of Person Filing Jennifer Penoso

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Bricklayers and Trowel Trades Intl Pension F

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye Street NW Suite 750

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

B&TT International Pension Fund contracts with the labor organization for services such as accounting, finance, data processing, meeting planning, human resource management, staff health plan management and revenue collections.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursed business expenses (lodging) related to support of Trustee meetings.

## 12.b. Amount.

\$1,504

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Bank of America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 730 15th Street NW

City Washington

State District of Columbia ZIP Code + 4 20005

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Business banking, lockbox processing, financing and other bank services.

## 11.b. Approximate dollar value of such dealing.

UNKNOWN

## 12.a. Nature of interest held or income received.

5 NFL tickets.

## 12.b. Amount.

\$1,000